

HAWAII STATE ETHICS COMMISSION

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STATE OF HAWATE STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
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MORRIS	GEORGE "RED"	A.	808-531-4551	
MAILING ADDRESS (Street)			FAX	
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HONOLULU	HAWAII	96813-2	96813-2453	
FUEL COMMON CONTROL CO				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
CAPITOL CONSULTANTS OF HAWAII, LLP			808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 4	01		808/533-4601	
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PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 800-624-2931
CORRECTIONS CORPORATION	OF AMERICA	
MAILING ADDRESS (Street)		FAX 615-263-3050
10 BURTON HILLS BLVD		
(City)	(State)	(Zip Code)
NASHVILLE	TN	37215
NAME OF PERSON RESPONSIBLE FO	OR PREPARING ORGANIZATION'S EXPENDITURE	ES STATEMENT TELEPHONE 800-624-2931
KELLY DURHAM		
MAILING ADDRESS (Street)		FAX 615-263-3050
10 BURTON HILLS BLVD		

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Public Utilities [] Consumer Protection & Commerce	(Zip Code)	
[] Agriculture [] Education [] Communications & Public Utilities [] Consumer Protection & Finance [] Hawaiian Affairs [] Labor & Employment [] Transportation [] Labor & Employment [] Other: (indicate the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following to the best of my knowledge, correct and complete the following the		
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I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersign	ned.	